

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X000

Based on an inspection this day, the item(s) noted below identify violations of 410 LAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name  Telephone Number  Date of Inspection  TO #							
l _	_			Telephone Number (8/2) FAMEO241	Date of Inspection (mm/dd/yr)		ID#
Dairy (		ee (nu	mber and street, city, state, zip code)	╡ ' '			18-68
/448 4	CLL <	as (nu) L	alor Allera III 47158	(952)944er/304	2//0/20//		
OWNER			New Albury. IN 47150	Purpose:	Follow-up Release Date		
Fraves	had H.	spife	lity Group & KT/IN, LLL	1. Routine			
Owner's A	ddress		· · · · · · · · · · · · · · · · · · ·	2. Follow-up			
7/01 W	. 78*	54	(sik 200) Minneapolis, MN 55439		Summary of Violations:		
Person in C	narge	_		3. Complaint			
Meliss	a Ste	mert		4. Pre-Operational		NC_C	<u> </u>
Responsible	e Person's	E-mai	I	5. Temporary	Menu Type (	ype (See back of page)	
				6. HACCP			
Certified F	ood Handl <b>&lt; /</b> .	er •L	(11/9/22)	7. Other (list)	12	_3 <u>X</u>	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		To Be Corrected By		
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			No violations. All corrections				<u> </u>
			No violations. All corrections	Mall.			
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